

**FILE COPY**

SERIAL NUMBER 09/399,080	FILING DATE 09/17/99	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 4426-38
-----------------------------	-------------------------	--------------	------------------------	--------------------------------

APPLICANT  
JOSEPH C. GRIFFIN III, ATCO, NJ; ANNIBALE S. MONTENERO, ROME, ITALY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED PROVISIONAL APPLICATION NO. 60/101,865 09/25/98

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

• IF REQUIRED, FOREIGN FILING/LICENSE GRANTED 10/08/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
---	---	------------------------	---------------------	--------------------	-------------------------

Verified and Acknowledged  
Examiner's Initials \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS NORMAN E LEHRER 1205 NORTH KINGS HWY CHERRY HILL NJ 08034
--

TITLE TRIPLE ARRAY DEFIBRILLATION CATHETER AND METHOD OF USING THE SAME
--

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	---